

12-Month Employees Health Benefit Plan Premium Rates

DC Employees Health Benefits (Employees hired on or after 10/01/1987)

AETNA HEALTHCARE HMO

TYPE	ENROLLMENT CODE	2009 PREMIUM BI-WEEKLY	2009 PREMIUM MONTHLY
Self-Only	HM1	\$50.37	\$109.13
Family	HM2	\$130.95	\$283.72
Domestic Partner Self	HM3	\$50.37	\$109.13
Domestic Partner Family	HM4	\$130.95	\$283.72

AETNA QUALITY OPEN ACCESS PLAN PPO

TYPE	ENROLLMENT CODE	2009 PREMIUM BI-WEEKLY	2009 PREMIUM MONTHLY
Self-Only	AP1	\$69.00	\$149.50
Family	AP2	\$180.09	\$390.20
Domestic Partner Self	AP3	\$69.00	\$149.50
Domestic Partner Family	AP4	\$180.09	\$390.20

KAISER PERMANENTE HMO

TYPE	ENROLLMENT CODE	2009 PREMIUM BI-WEEKLY	2009 PREMIUM MONTHLY
Self-Only	KP1	\$45.10	\$97.72
Family	KP2	\$117.26	\$254.06
Domestic Partner Self	KP3	\$45.10	\$97.72
Domestic Partner Family	KP4	\$117.26	\$254.06

UNITED HEALTHCARE HMO

TYPE	ENROLLMENT CODE	2009 PREMIUM BI-WEEKLY	2009 PREMIUM MONTHLY
Self-Only	MD1	\$41.61	\$90.14
Family	MD2	\$107.93	\$233.86
Domestic Partner Self	MD3	\$41.61	\$90.14
Domestic Partner Family	MD4	\$107.93	\$233.86

UNITED HEALTHCARE POINT OF SERVICE (POS)

TYPE	ENROLLMENT CODE	2009 PREMIUM BI-WEEKLY	2009 PREMIUM MONTHLY
Self-Only	UP1	\$42.93	\$93.02
Family	UP2	\$111.37	\$241.30
Domestic Partner Self	UP3	\$42.93	\$93.02
Domestic Partner Family	UP4	\$111.37	\$241.30